LIMITED STAT	TES HOUSE OF REPRESENTATIVES		FORM A Page 1 of 7	HAND DELIVE	DER
	2010 FINANCIAL DISCLOSURE STATEMENT	,	For use by Members, officers, and employees	ארום האואינו	חבט
				1 CIST ATTVE RESOURCE CLAT	loj
	Bruce Lowell Braley		202-225-2911	2011 MAY 16 PM 1: 34	
	(Full Name)		(Daytime Telephone)	(Office Use Only)	MC
l buar iv	Member of the U.S. State: IA Louse of Representatives District: 01		ficer Or Employing Office:	A \$200 penalty shall be assessed against anyone who files	2
Report Type	Annual (May 15)	minatio	Termination Date: n	more than 30 days	
PRELIMINARY II	NFORMATION ANSWER <u>EACH</u> OF THES	SE QL	JESTIONS		
Did you or your spous or more from any sour If yes, complete and	e heve "earned" Income (e.g., aalariea or fees) of \$200 rce in the reporting period? Yes V No d attach Schedule I.	_ v	Did you, your apouse, or e dependent child receive any reportab the reporting period (i.e., eggregeting more than \$335 end not ot exempt)? If yes, complete and attach Schedule VI.		
II. you for a apeech, appe	organization make a donation to charity in lieu of paying earence, or article in the reporting period? Yes No	V	Did you, your apouse, or a dependent child receive any reportab il. reimbursements for travel in the reporting period (worth more th from one source)? If yes, complete and attach Schedule VII.		
III. more than \$200 in the i more than \$1,000 at the	or a dependent child receive "unearned" income of reporting period or hold any reportable asaet worth end of the period? It is a second of the period? It is a second of the period?	_ v	Did you hold any reportable positions on or before the date of fill ill. current calendar year? If yes, complete and attach Schedule VIII.	Ing in the Yes ☐ No ✔	
IV. Did you, your spouse, reportable asset in a troperlod?	or dependent child purchase, seli, or exchange any ransaction exceeding \$1,000 during the reporting Yes No dattach Schedule IV.		Did you have any reportable agreement or arrangement with an entity? If yes, complete and attach Schedule IX.	outside Yes No 🗹	
V. Did you, your spouse, o (more than \$10,000) du	or a dependent child have any reportable iiablility uring the reporting period? Yes No		Each question in this part must be answered schedule attached for each "Yes" response.	and the appropriate	. 7
	d attach Schedule V. SPOUSE, DEPENDENT, OR TRUST INFOR	RMAT		STIONS	
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Cordisclosed. Have you excluded from this report details of such	mmittee	on Ethics and certain other "excepted trusts" need not be		
	Have you excluded from this report any other assets, "unearne because they meet all three tests for exemption? Do not answ				

SCHEDULE I - EARNED INCOME

Name Bruce Lowell Braley

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amou	nt
Waterloo Community School District	Spouse Salary	N/A	

BLOCK A	ВЬОСК В	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each aeeet held for investment or production of Income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable aeset or sources of Income which generated more than \$200 in "unearned" income during the year. Provide complete namee of stocks and mutual funds (do not use ticker symbole.) For all IRAs and other retirement plans (such as 401(k) plane) that are eelf-directed (l.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceede the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the inetitution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please epecify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columne that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such ae 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even If reInvested, muet be disclosed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
PEPSICO, INC	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
AMANA MUTUAL FUNDS TRUST INCOME FUND	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
COLUMBIA MID CAP VALUE FUND A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
DAVIS NEW YORK VENTURE FD CL A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)
EUROPACIFIC GROWTH FUND CL.F	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
AMERICAN FUNDS GROWTH FUND OF AMERICA CLASS F	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	S(part)

EDULE III - ASSETS AND "UNEARNED" II	Name Bruc	ce Lowell Braley		Page 4 o
HARTFORD MID CAP FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	S(part)
IVY FUNDS PACIFIC OPPORTUNITIES FUND CLASS A	\$1,001 - \$15,000	DIVIDENDS	NONE	
LAZARD EMERGING MARKETS PORTFOLIO RETAIL SH	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
LOOMIS SAYLES FUNDS II INVT GRADE BOND FD CL A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
NEUBERGER BERMAN EQUALITY TR SOCIALLY RESPONSIVE TR	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
PIMCO FUNDS TOTAL RETURN ED CLASS A	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
TEMPLETON GLOBAL BOND FL CLASS A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
THORNBURG INVT TR INTERNATIONAL VALUE FD CLASS A	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
INSURED BANK PROGRAM	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
BARON ASSET FUND	None		NONE	S
GATEWAY TRUST INDEX PLUS FUND CLASS A	None		NONE	S
JPMORGAN TRUST I HIGHBRIDGE STATISTICAL	None		NONE	S
T ROWE PRICE GROWTH STOCK	None		NONE	S

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SCHEDUI	LE III - ASSETS AND "UNEARNED" INCO	ME	Name Bruce L	owell Braley		Page	9 5 of 7
	EQUITY COMPASS MANAGED ACCOUNT	1 '	00,001 - 50,000	CAPITAL GAINS	\$2,501 - \$5,000	Р	

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SCHEDULE IV - TRANSACTIONS

Name Bruce Lowell Braley

Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	BARON ASSET FUND	S	Yes	2-19-10	\$1,001 - \$15,000
	COLUMBIA MID CAP VALUE FUND A	S	No	2-19-10	\$15,001 - \$50,000
	DAVIS NEW YORK VENTURE FD CL A	S	Yes	2-19-10	\$15,001 - \$50,000
	GATEWAY TRUST INDEX PLUS FUND CLASS A	S	Yes	2-19-10	\$1,001 - \$15,000
	GROWTH FUND OF AMERICA CL F	S	Yes	2-19-10	\$50,001 - \$100,000
	HARTFORD MID CAP FUND CLASS A	S	No	2-19-10	\$1,001 - \$15,000
	JPMORGAN TRUST I HIGHBRIDGE STATISTICAL	S	No	2-19-10	\$1,001 - \$15,000
	T ROWE PRICE GROWTH STOCK	S	Yes	2-19-10	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Bruce Lowell Braley

Page 7 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	COMMUNITY NATIONAL BANK	July 2010	Bridge Loan- Paid off 9/8/2010	\$10,001 - \$15,000

UNITED S	STATES HOUSE OF REPRESENTATIVES	FORM A Page 1 of 5	HAND DELIVERED
	YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	For use by Members, officers, and employees	I BAI AD DETLA M (1992)
***			COST ATIVE RESOURCE CLATE.
	David Wayne Loebsack	202-225-6576	2011 MAY 13 PM 2: 02 1/1
	(Full Name)	(Daytime Telephone)	(Office Use Only)
Filer Status	Member of the U.S. State: IA District: 02	Employee	A \$200 penalty shall be assessed against anyone who files
Report Type	Annual (May 15)	Termination Date:	more than 30 days late.
PRELIMINA	RY INFORMATION ANSWER EACH OF THESE	QUESTIONS	
I. or more from	r epouse have "earned" income (e.g., ealaries or feee) of \$200 eny source in the reporting period? Yes ✓ No	VI. reporting period (i.e., eggregating more then \$335 and not otherwise exempt)?	
Did any individ	lete and attach Schedule I. Iual or organization meke a donation to charity in Ileu of paying ch, eppearance, or article in the reporting period? Yes No	If yes, complete and attach Schedule VI. Did you, your epouse, or a dependent child receive any reportable VII. reimbursements for travel in the reporting period (worth more the from one source)? If yes, complete and attach Schedule VII.	
Did you, your III. more than \$20 more than \$1,	epouee, or a dependent child receive "uneamed" income of In the reporting period or hold any reportable asset worth Yes No oo at the end of the period? ete and attach Schedule III.	Did you hold any reportable positions on or before the date of filln VIII. current calendar year? If yes, complete and attach Schedule VIII.	ng in the Yes ☐ No ☑
IV. reportable ass period?	epouse, or dependent child purchase, eell, or exchange any et in e transaction exceeding \$1,000 during the reporting Yes V No Lete and attach Schedule IV.	Did you have any reportable agreement or errangement with an out IX. entity? If yes, complete and attach Schedule IX.	utside Yes No 📝
V. Did you, your s then \$10,000)	spouse, or a dependent child have any reportable liability (more furing the reporting period?	Each question in this part must be answered a schedule attached for each "Yes" response.	and the appropriate
	ete and attach Schedule V. NOF SPOUSE, DEPENDENT, OR TRUST INFORM		TIONS
Trusts-	Details regarding "Qualified Blind Trusts" approved by the Commi disclosed. Have you excluded from this report details of such a tr	ittee on Ethics and certain other "excepted trusts" need not be	Yes ☐ No 🗹
Exemption	1S Have you excluded from this report any other assets, "uneamed" i because they meet all three tests for exemption? Do not answer "		

SCHEDULE I - EARNED INCOME

Name David Wayne Loebsack

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Iowa Public Employees Retirement Pension	Spouse Pension	n/a

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more then \$200 In "unearned" income during the year. Provide complete names of etocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (l.e.,plans in which you have the power, even if not exercised, to eelect the specific investments), provide the value for each asset held in the account that exceede the reporting thresholde. For retirement accounts which are not self-directed, provide only the name of the inetitution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For en ownership interest in a privately-held business that is not publically traded, etate the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and variation homes (under there was rental income during the reporting paried), any deposite totaling \$5.000 or location in a paraenal checking or	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it ie generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (euch as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be dieclosed as income. Check "None" if the asset generated no income during the reporting period.	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plane or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be discloeed ae income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
CREF Bond Market	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
CREF Equity Index	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
CREF Global Equities	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
CREF Growth	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000	
CREF Money Market	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
CREF Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Vanguard VBS Stock Holdings

Page 4 of 5 Name David Wayne Loebsack \$100,001 -**CAPITAL GAINS** \$5,001 - \$15,000 TC Lifecycle Fund 2020 \$250,000 TC Lifecycle Fund 2025 \$15,001 -**CAPITAL GAINS** \$2,501 - \$5,000 \$50,000 \$1.001 -\$201 - \$1.000 **TIAA Real Estate** Capitol Losses \$15.000 \$15.001 -INTEREST TIAA Traditional \$1.001 - \$2.500 \$50,000 SP \$1,001 -**DIVIDENDS** \$201 - \$1,000 Vanguard Extended Market Index Fund \$15,000 S(part) SP Vanguard Intermediate Term \$1,001 -DIVIDENDS \$1,001 - \$2,500 \$15,000 **Bond Index** SP Vanguard Long Term Bond \$1.001 -DIVIDENDS \$201 - \$1,000 \$15,000 Index SP Vanguard Prime Money Market \$1,001 -\$1 - \$200 DIVIDENDS \$15,000 Fund SP Vanguard Prime Money Market \$15.001 -**DIVIDENDS** \$1 - \$200 Fund \$50,000 SP Vanguard Short Term \$15,001 -DIVIDENDS \$1,001 - \$2,500 Investment Grade Fund \$50,000 **DIVIDENDS** \$201 - \$1,000 SP \$15,001 -

\$50,000

SCHEDULE IV - TRANSACTIONS

Name David Wayne Loebsack

Page 5 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Vangaurd Intermediate Term Bond Index	S(part)	No	7/20/2010	\$15,001 - \$50,000

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERED
Filer Status Member of the U.S. State: Office Emplo	tr or Employing Office: Dyee	OFFICE FIRE CHESE VERY COUNTY. A \$200 penalty shall be assessed against anyone who files more than
Type Annual (May 16, 2011) Amendment PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS	30 days late.
I. Did you or your spouse have "eerned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete end ettach Schedule I. No	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., agg than \$335 and not otherwise exempt)? If yes, complete end ettech Schedule VI.	receive any regating more Yes No
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article In the reporting period? If yee, complete end ettach Schedule II.	VII. Did you, your spouse, or a dependent child	n the reporting:
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	or before the date Yes No No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yee, complete end ettech Schedule IV.	IX. Did you have any reportable agreement or an outside entity? If yes, complete end attach Schedule IX.	arrangement with Yes No No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No If yes, complete end ettach Schedule V.	Each question in this part appropriate schedule attach	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER <u>EACH</u> O	F THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics a excluded from this report details of such a trust benefiting you, your spouse, or dependent of		closed Have you Yes No No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, truthey meet all three tests for exemption? Do not answer "yes" unless you have first consulted		child because Yes No

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene Stete	Approved Teeching Fee	\$6,000
xamples: Stete of Maryland	Legisletive Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Boerd of Educetion	Spouse Salary	NA
Lamoni Community School	Spouse Salary	387.04
Lamoni Community School State of Fowa	Spouse Salary Legislative Pension	8949.2
	·	W W W W W

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
Identify (e) eech asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reporteble esset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for eech esset held in the account that exceeds the reporting thresholds. For retire-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Check all columns that apply. For retirement accounts that do not ellow you to choose specific investments <u>or</u> that generete tex-deferred income (such es 401(k) plens or IRAs), you may check the "None" column. Dividends, interest, and capitel gaine, even if reinvested, muet be diecioeed ee Income. Check "None" if the esset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you mey check the "None" column. For all other assets, indicete the category of income by checking the appropriete box below. Dividends, interest, end capital geins, even if reinveated, muet be diecioeed ee income. Check "None" if no income was earned or generated.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For en ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its ectivities, and its geographic location in Block A. Exclude: Your personal residence, including second homes end vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plen. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or Is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, pleese refer to the instruction booklet.	None \$1,001 – \$15,000 \$15,001 – \$100,000 \$250,001 – \$100,000 \$250,001 – \$500,000 \$1,000,001 – \$5,000,000 \$250,001 – \$5,000,000 \$250,001 – \$5,000,000 \$250,001 – \$5,000,000 \$250,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,000 – \$5,000,000 \$250,000,001 – \$5,000,000 \$250,000,000 – \$5,000,000 \$250,00	NONE PIVIDITIONS RENT CAPITAL GAINS EXCEPTIFIED INCOME (Specify: e.g., Partnership income or Farm Income)	None	If only e portion of an asset is sold, please indicate es follows: (S) (partial) See below for exemple. P, S, E
SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster	X Indefinite	X Royalties	X	S (partial)
Agricul Time land 475 Acres New Buda Barrell Townshy of TA	X	Î VA	NA	
Farm Equipement Breeding Stock (Cattle)	[2000] [2000] [2000] [2000]	Scale of calves	X	
* Lyrix Co (Cellular Tower)	N/A	X	X	
* Don't Know Valor - Town				

SCHEDULE IV— TRANSACTIONS

or depend	y purchase, sale, or exchange transactions by you, your spouse, ent child during the reporting period of any security or real prop- for investment that exceeded \$1,000. Include transactions that	of Tra	Type ansa			Date			Am	ount	of	Trans	sacti	on		
resulted in action. Exc dren, or th ates rental cate (i.e., Capital Ga of \$200, ct	a capital loss. Provide a brief description of any exchange trans- clude transactions between you, your spouse or dependent chil- e purchase or sale of your personal residence, unless it gener- income, if only a portion of an aaaet ia sold, please so indi- "partial sale"). See example below. ains — if a sales transaction resulted in a capital gain in excess neck the "capital gains" box and disclose this income on Schedule	PURCHASE	SALE	* EXCHANGE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	4 000518	\$15,001- \$50,000	\$50,001 \$100,000	\$100,001- \$250,000	E 000 0058	\$500,001- \$1,000,000	52 (56)	\$5,000,001- \$25,000,000	\$50,000,000 \$50,000,000	Over \$50,000,000
SP, DC, JT	Asset	4.4													30 8 0	
SP	Example: Mega Corporation Common Stock (partial sale)		X			10–12–10		Х								-
	Sale of calves		X			11-11-10			X						a.	
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SCHEDULE V-LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loens secured by eutomobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar yeer exceeded \$10,000.

_			Dete					Amo	ount o	f Llabilit	y		
SP, DC, JT		Creditor	Date Liability incurred Mo/Yaar	Type of Liability	\$10,000 \$18,000 \$18,000	\$15,001 w \$50,000	\$58001. c	\$100,001- \$250,000	SECTION IN	\$500,001- \$1,000,000 1	\$5,000,001. —	\$25,000,000 * \$25,000,000! \$50,000,000	Over \$50,000,000
	Example	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				Х			2	3 (K) 5 (32)	\$
	Great	Western Bank, Leon IA.	Mar 2010	Farm Operating loan		Χ				e e	. 5 1		
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												131	

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Excluda:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her note that you Gifts with a value of \$134 or lass most not be added towards the \$335 discussions through the same through the sa

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
		}	

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	Page 1 of 4 LEGISLATIVE RESOURCE CENTER 2011 MAY 13 PM 2: 14
Name: Thomas P. Latham Daytim	e Telephone: <u> </u>	U.S. POLICE OF THE LOCK TATIVES LAND DELIVERED
Filer Status Member of the U.S. State: 1000 Office Employee Report Type Annual (May 16, 2011) Amendment	er or Employing Office:	(Office Use Only) A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER <u>EACH</u> OF THE	SE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from eny source in the reporting period? Yes No	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., agg than \$335 and not otherwise exempt)? If yas, complete and attach Schedule VI.	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yas, complete and attach Schedule II.	VII. Did you, your spouse, or e dependent chil	in the reporting
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	or before the date Yes No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX.	arrangement with Yes No X
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No X	Each question in this part appropriate schedule attach	must be answered and the ed for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION - ANSWER EACH	FTHESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics excluded from this report details of such a trust benefiting you, your spouse, or dependent	and certain other "excepted trusts" need not be dis	sclosed. Have you Yes No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, to they meet all three tests for exemption? Do not answer "yes" unless you have first consulted.	ransactions, or liabilities of a spouse or dependented with the Committee on Ethics.	child because Yes No X

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

BLOCK A	ı				Е	BLO	ЖΒ									Ī	BLO	ск с	5					BL	эск	D					BLOCK E
Asset and/or Income Source				٧	alu	e o	f As	se	t						Ţ	уре	of	Inc	ome			A	mo	uni	of	Ind	con	ne			Transaction
Identify (e) each asset held for Investment or production of income with a fair merket value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more then \$200 in "unearned" Income during the yeer. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs end other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	re m pl If ye ge	epor leas an a	ting od e sp asse and rate	yea othe oeci et wa i is	ar. er tl fy th as s inc	If you han he m sold slude	asso fair nethed during during during during	nse ma od u ng tl	a v arke used he re bed	alua t va l. epo caus	atio alue rtin se	n e, g it	ret you that (su me Div ge dis	tiren u to at g uch ey vide ins, scio he a	nent cho jene es 4 che ends eve sed asse	accose rate 401(ck s, i en i as	ound spe tax k) p the nter f rel inco	ts the cific i k-det lens "Ne "Ne est, inves ome.	hat apply. For et do not allow investments or ferred income or IRAs), you one" column. end cepitel sted, muet be Check "None" no income durd.	yo tha as the inc ch DI ev	r ret u to at ge 401 e "Ne dicet ecki vide en l inc as ea	chenera (k) pone* e ti ng nda f rei	oose ate i plan ' col he the t, int inve	e sp tax-c s or umr cate epp tere:	ecifi lefe IRA . Fo egor prop st, e d, m k "N	rred s), y or all y o riete nd one'	ince ince out of in be capl	tme may ner a ncor ox ital	nts (su che asse ne belo gair	or eck ets, by ex.	Indicate if the asset hed purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
ment eccounts which ere not self-directed, provide only the neme of the institution holding the eccount and its value et the end of the reporting period. For rental or other reel property held for Investment, provide a complete address. For an ownership interest in e privately-held business that is not publicly traded, state the name of the business	A	В	С	Ď	E	F	G	н	1	j	ĸ	L					+		Farm Income)		lf	==	IV	٧	VI	VII	VIII	IX	×	ΧI	If only a portion of an asset is sold, pleese indicate as follows:
ness, the nature of its activities, end its geogrephic location in Block A. Exclude: Your personal residence, including second homes end vecetion homes (unless there was rental income during the reporting period); eny deposits totaling \$5,000 or less in a personal checking or seving accounts; end any finenciel interest In, or income derived from, a federal retirement progrem, including the Thrift Burney 18.5.			00	\$50,000	\$10.000	- \$2 54,000	000'00-3	\$1,000,000	\$5,000,000	000 000 555	- \$50 000 000	000					9	LIND TRUST	p Income or				. 93	0-7	000	000	000'0	\$1,000,000	MS,000,000	00	(S) (partial) See below for example. P,
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	None	\$1 - \$1,000	8	\$15,001 - \$50	\$50,001 - \$10	\$100,001 - \$2	\$250,001 - \$	49			\$25,000,001 -	Over \$50,000 000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINE	EXCEPTED/BLIND	Other Type of Income (Specify: e.g., P. rtnershi	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,0-0	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$1(10,000	\$100,001 - \$	- 100,000,15	Over \$5,000,000	<i>5</i> , Е
SP, SP Mega Corp. Stock DC, Examples: Simon & Schuster JT 1st Bank of Paducah, KY Accounts		In	defin	ite	X	X								X	Х		Х		Royalties		-		X		X			X			S (partial)
Modderman Form IT Alexander, IA 110.7 A								X							X	-										X					
Latimer Farm 73.7 A. Latimer, IA 93.7 A.							X		+					· ·	χ						· ·					×					
FT Alexander, IA 76.5 A							X	+	\dagger		\forall				Χ			\dashv			,				X						

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas P. Latham Page 3 of 4

	BLOCK A Asset and/or Income Source				Va	Ye	BLO Bar e o	-Eı		et									pe				An			ock of		cor	ne			BLOCK E Transaction
SP. DC, JT		A		2,000	D 000'-55	0				- \$5,000,000 -	- \$25,000,000 -	\$25,000,001 - \$50,000,000			(0)			AINS	EXCEPTED/FLIND TRUST	o. Income g. I=come or ie)										× 000'000'#3	i	P, S, E
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$=5,000	\$250,001 -	\$500,001 -	\$1,000,001	\$5,000,001	\$25,000,00	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST			Other Type or Income (Specify: e.g. Partnership Imcome o Farm Income)	None	\$1 \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,0	\$5,001 - \$15	\$15,001 - \$5	\$50,001 - \$106,000	\$100,001 – \$1,000,000	\$1,000,001 - \$1,000,000	Over \$5,000,00	
	401 K Pension Plan American Funds				X													ν,	e	- Atta	ch	M	24	#	1							
	Individual Retirement Acit				Χ											1	1/1	4					/	V/	4					·	_	
	Smith Barney Fundamental Value Fund CL-C																									[.						
	Green Circle Investments Inc. Common Stock - Bonk Holding									X					X						X											
	Green Circle Investments Inc. Common Stock-Bank Holding Co. For Peoples Trust + Savings Bank, Adel, IA									_			,																	- I	_	
	Gongressional Federal Credit Union		X														X					X										
ļ	Peoples Trust + Savings Bank Adel, IA						X										Χ				X											
J	First Citizens Natl. Bank Clarion, IA						X										X						Χ									
	Clarion, IA																															

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Thomas P. Latham

Page 4 of 4

Continuation Sheet (if needed)

As	BLOCK A set and/or Income Source				Va	Ye	e o	-Er		et									рe				Am			of		con	ne		BLOCK E Transaction
SP, DC,		A	\$1 - \$1,000 W	\$1,001 – \$15,000		0	0	\$250,001 - \$500,000 D	1		\$5,000,001 - \$25,000,000	000'000'	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g. Partnership Income or Farm Income)	None	500		\$1,001 - \$2,50			\$15,001 - \$50,000	6	\$100,001 - \$1,000,000	× 000'000' 8-100'000'1\$	P, S, E
Fa	vm Buildings Lexander, IA				X										-	X									X						
							_	_		_		+		_							┢						_				
La	tham Farms LLC				X					_]		1		X							X										
Fari Al-	tham Farms LLC m Operation Partnership exander, IA																				t										
				X				_		_		\dashv	\dashv	_	Y						╀	X	_		_	_			_		<u>.</u>
Mon	th Barney Municipal ney Market FD-CL-A									_	_				^							7.			_	_					
			X			-		\dashv		4	_	\dashv	-	X				-			_x		\dashv	\dashv	\dashv	-	_	\vdash	\dashv	\dashv	
AL	wander Holding Co. examples, IA		Δ								_	_		<u> </u>							Ĺ										
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The right choice for the long terma

American Funds

RETURN TO LATHAM HI-TECH HYBRIDS INC

TST YBOTH ST ALEXANDER IA 50420-8028

THOMAS LATHAM 2218 IRONWOOD CT AMES IA 50014-7872

January 01-March 31, 2011 Account Statement

LATHAM HI-TECH HYBRIDS INC 401K Your financiel representative Participant SSNA Plan 10:

MDRGAN STANLEY SMITH BARNEY LLC 801 GRAND AVE STE 3800 OES MOINES IA 50309-8006

Keep the music playing

Find out why people ere living longer end leern how you can prepere for e lengthy retirement in the enclosed "Your Retirement Resource."

Need some guidance?

offer guidance or give you a eecond opinion on yr financiel decisions you'rs considering. Contact no rher todey to schedule a meeting. Your plan's finencial professional is eveileble to

For more account information

- Call your financial representative
- Tell-free 24-bour automated phone service: 877/833-9322
- American Funds Ratiremont Plae website: americanfunds.com/retire
- Personal assistance 9 a.m. to 8 p.m. Eastern time M-F Retirement Plan Services: 800/421-6019

Please review this statement carefully to confirm that we have accurately and proporly ected on your instructions. We must be notified as soon as possible if any discrepancies are identified, but no later then 30 calendar days from the date of this statement. After 30 days, this account information ahall be deemed accurate and acceptable by you. Corrections of any discrepancies in which notification is provided after 30 days will be processed from the date of notification and not on a retreactive basis.

Your account at a glance

\$36,419.72	50.52	8.8	\$1,714.07	£38,133.79	\$38, 133. 79
101/01/2011				31/2011	ss of 03/31/2011
Beginning balance as of 01/01/2011	Total contributions	Total other	Chenge in velue	Ending balance es of 03/31/2011	Ending vested belance es of 03/31/2011





January 01-March 31, 2011 **Account Statement**



Summary of activity by fund

	Beginning balance	Total contributions	Total withdrawals	Total other	Total axchanges	Changa in value	Ending balanca
The Growth Fund of Americe-R2		8	8	8	8.	•,	
New Perspective Fund-R2	\$7,005.76	8.08	8	8	8	\$275.81	\$7,281.57
EuroPecific Growth Fund-R2	\$1,245,15	8.8	8	8	8.8	SE 1.13	\$1,286.28
SMALLCAP World Fund-R2	\$1,306.95	8. 8.	8	8	8.8	\$32.52	\$1,339.47
New World Fund-R2	\$519.28	8.8	8	8	8.8	33	\$523.09
Weshington Mutual Investors Fund-R2	\$2,056.91	\$0.08	8.8	8	8	\$125.66	\$2,182.57
American Funds Money Merket Fund-R2	\$126.94	90.0 s	00.0\$	90.0 \$	80.08	20 .00	\$128.94
Total	\$36,419.72	8 .8	8.	8.8	8.8	\$1,714.00	\$38,133.79

Transaction activity

	Transaction date	Dascription	Dollar amount	Shara price	Shares this transaction	Total sharas
The Growth Fund of America-R2	01/01/2011 03/31/2011	Beginning balance Ending belance \$25,393.87	\$25,393.87	£31 .25		812.804 812.604
New Perspective Fund-R2	01/01/2011 03/31/2011	Beginning balance Ending balance	\$7,281.57	\$29.04		250.743 250.743
Eura Pacific Growth Fund-R2	01/01/2011 03/31/2011	Beginning balance Ending balance	\$1,286.28	\$41.60		30.920 30.920
SMALLCAP World Fund-R2	01/01/2011 03/31/2011	Beginning balance Ending balance	\$1,339.47	\$38.31,		34.964
New World Fund-R2	01/01/2011 03/31/2011	Beginning belance Ending belance	\$523.09	\$53.58		9.781
Washington Mutual Investors Fund-R2	01/01/2011 03/18/2011 03/31/2011	Beginning batence Dividend Reinvest Ending balance	\$7.81 \$2,182.57	\$27.45 \$28.49	0.285	76.323 76.608 76.608
American Funds Money Market Fund-R2	2 01/01/2011 03/31/2011	Beginning belance Ending balance	\$126.94	\$1.00		126.940 126.940



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UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees Page 1 of 9 LEGISLATIVE RESOURCE CENTER 2011 MAY 16 AM ID: 18
Name: Steven Arnold King Daytime	e Telephone: 202-225-4426 Telephone: 202-225-4426 TAND DELIVERED (Office Use Only)
Filer Status Member of the U.S. State: 1000 Office Employer Report Type Annual (May 16, 2011) Amendment Amendment	LA NZUU DADAUV SDAU DA ASSASSAD L
PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yea, complete and attach Schedule I. II. Did any individual or organization make a donation to charity in	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. VII. Did you, your spouse, or a dependent child receive any
lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. Yes No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes No X
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER EACH OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics a excluded from this report details of such a trust benefiting you, your spouse, or dependent of	and certain other "excepted trusts" need not be disclosed. Have you Yes No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, truthey meet all three tests for exemption? Do not answer "yes" unless you have first consulted	ansactions, or liabilities of a spouse or dependent child because d with the Committee on Ethics.

Name	Steven	Arnold	King	Page 2 of 9	_

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
	State of Maryland	Legislative Pension	\$9,000
xamples:	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	NA
Noi			
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Name	Steven	Arnold	King	Page <u>3</u> of <u>9</u>
	- COUCH	7 7 7 7 7 7	• • • • • • • • • • • • • • • • • • • •	

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
	Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
xamples:	XYZ Magazine	Article	Aug. 13, 2010	\$500
	None			

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

BLOCK A BLOCK B BLOCK C BLOCK E BLOCK D **Transaction** Asset and/or Income Source Value of Asset Type of Income Amount of Income Indicate if the Check all columns that apply. For For retirement accounts that do not allow Identify (e) each asset held for investment or production Indicate value of asset at close of of income with a fair market value exceeding \$1,000 et retirement accounts that do not allow you to choose specific investments or asset had reporting year. If you use a valuation the end of the reporting period, end (b) any other you to choose specific investments or thet generete tax-deferred income (such reportable asset or sources of income which generated method other than fair market value. purchases (P) as 401(k) plans or IRAs), you may check that generate tax-deferred income more than \$200 in "unearned" income during the yeer. the "None" column. For all other assets, please specify the method used. (such as 401(k) plans or IRAs), you sales (S), or may check the "None" column. indicete the category of income by Provide complete names of stocks end mutuel funds (do exchanges (E) Dividende, interest, end cepitei checking the appropriate box below. not use ticker symbols.) If an asset was sold during the reporting geins, even if reinvested, must be Dividends, interest, and cepitei geins, exceeding year and is included only because it For all IRAs end other retirement plans (such as 401(k) disciosed ee income. Check "None" even if reinveeted, must be disclosed plens) that ere self-directed (i.e., plens in which you heve \$1,000 in generated income, the value should be if the asset generated no income duree income. Check "None" if no income the power, even if not exercised, to select the specific "None." ing the reporting period. was eerned or genereted. reporting year. investments), provide the velue for each asset held in the eccount that exceeds the reporting thresholds. For retirement eccounts which ere not self-directed, provide only If only a the name of the institution holding the account and its velue at the end of the reporting period. portion of an For rental or other reel property held for investment, proasset is sold. vide e complete address. pleese indicete For an ownership interest in a privately-held business that is not publicly traded, state the name of the busias follows: ness, the neture of its ectivities, and its geographic loca-(S) (partial) tion in Block A. See below for Exclude: Your personal residence, including second homes and vacation homes (unless there was rental exemple. EXCEPTED/BLIND TRUST 25 000 000 income during the reporting period); any deposite total-\$1,000,001 - \$5,000,000 \$1,000,001 - Promogo ing \$5,000 or less in e personal checking or saving 1500,001 - \$1,000,000 e.g., Pertnership \$100,0001 - \$1,000,000 \$250,001 - \$100,000 Other Type of Income eccounts; end any financial interest in, or income derived \$100,001 - \$253, \$10 - \$100,000 \$50,001 - \$100,000 from, a federal retirement progrem, including the Thrift -\$15,000 55,001 - \$15,000 \$5,000,000 CAPITAL GAIMS Contract Non-\$1,001 - \$2,5FE \$2,501 - \$5,000 \$201 - \$1,000 If you so choose, you may indicate that an asset or 15,000,001 61 - \$1,000 \$25,000,001 INTEREST income source is that of your spouse (SP) or dependent Specify: (child (DC), or is jointly held with your spouse (JT), in the \$50,001 \$15,001 \$1,001 NONE optional column on the far left. RENT For a detailed discussion of Schedule III requirements. please refer to the instruction booklet. SP. SP Mega Corp. Stock S (partial) DC. Indefinite Rovalties Examples: Simon & Schuster JT. 1st Bank of Paducah, KY Accounts King Construction Retirement Fund - IPERS Retirement Fund - IPERS

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Steven Arnold King Page 5 of 9

	BLOCK A Asset and/or Income Source				Va	Ye	ear	CK I -Er of A	nd	et									CK (pe co (me			Aı	no		.0CH		cor	ne			BLOCK E Transaction
SP, DC,		Α	В	С	D			G 00			06,000	≥ 000,000	L						TRUST	ور مر		1		IV	V	VI	VII	VIII		X 00	ΧI	P, S, E
JT		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$1.0,000	\$100,001 - \$7-0,000	\$250,001 - \$=00,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000.000	\$5,000,001 - \$25,0	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type o Income (Specify: e.g. Partnership Income or Farm Income)	ouch.	4	\$201 - \$1.000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50 000	\$50,001 - \$100,000	\$100,001 - \$1 000,000	\$1,000,001 - \$1,000,000	Over \$5,000,00	
	None				-																	T			-							
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SCHEDULE IV— TRANSACTIONS

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Raport any purchasa, sale, or axchange transactions by you, your spouse, or dapandant child during tha raporting period of any security or raal proparty hald for investment that axcaeded \$1,000. Includa transactions that	of Tr	Type ansa		200	Date			Am	oun	t of	Tran	sacti	on		
rasulted in a capital loss. Provida a brief description of any axchanga transaction. Exclude transactions batwaan you, your spouse or dapandant children, or the purchase or sale of your personal residenca, unlass it ganarates rental income. If only a portion of an aaset is aold, plaase ao indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	PURCHASE	SALE	EXCHANGE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	\$,001- \$ 5,000	\$ 5,001- \$60,000	\$*00,001 \$*00,000	\$ 00,001- \$:50,000	FEET 0001 - FEET 0000 - SEET 0000	\$ '00,000, \$	C -100,000, \$	\$*,000,0001- \$25,000,000	100'000'535	Over \$50,000,010
SP, DC, JT Asset															
SP Example: Mega Corporation Common Stock (partial sale)		Х			10–12–10	<u> </u>	Х								
None															
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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exciude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

			Dete					Áme	ount o	f Liab	iiity			
SP, DC, JT		Creditor	Data Liability Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- B \$50,000	\$50,001- C	\$100,001- \$250,000 D	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- 5	\$5,000,001- \$25,000,000	\$25,000,001-	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE		-	ji - 11	х				3 1	1	
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SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Hule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Value		
\$345		

Name Steven	Arnold	King	Page 8 of 9

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure—Destinstion— City of Return	Lodging? (Y/N)	Food? (Y/N)	Wsa a Family Member Included? (Y/N)	Number of dsya <u>not</u> at sponsor's expanse
Examples	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Lxampics	Roycroft Corporation	Aug. 611	DC-Los Angeles-Cleveland	Υ	Υ	Υ	2 Days
The !	firitinge foundation	Jon. 14-16	DC- (ha-l+Hesville, VA - DC	Y	Υ	N	None
The	(1st for browth	Mar. 4-5	DC- (ha-10 Hesville, VA - Dc Dc-Palm Beach, FL - Dansha, No	; Y	Y	N	Nine
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CHEDUL	.E VIIIF	POSITIONS

Name Steven Arnold King

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization	

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement	
	_		